

Please type a plus sign (+) inside this box → ☒PTO/SB/50 (02-01)
Approved for use through 01/31/2004. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	104-R001
	First Named Inventor	Young-Chan KIM
	Original Patent Number	6,346,972
	Original Patent Issue Date (Month/Day/Year)	2/12/2002
	Express Mail Label No.	

APPLICATION FOR REISSUE OF:
(Check applicable box)

Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/ 56) (Submit an original, and a duplicate for fee processing)	10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	<input checked="" type="checkbox"/> Ribbonded Original Patent Grant
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	<input type="checkbox"/> Statement of Loss (PTO/SB/55)
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
6. <input type="checkbox"/> Power of Attorney	13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	<input checked="" type="checkbox"/> Copies of IDS Citations
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	15. <input checked="" type="checkbox"/> Preliminary Amendment
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	17. Other:
a. <input type="checkbox"/> Computer Readable Form (CFR)	
b. Specification Sequence Listing on:	
i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or	
ii. <input type="checkbox"/> paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Patrick J. Stanzione				
Address	1740 N Street, NW, First floor				
			Zip Code	20036	
City	Washington	State	DC	Fax	202.775.1901
Country		Telephone	202.775.1900		

NAME (Print/Type)	Patrick J. Stanzione	Registration No. (Attorney/Agent)	40434
Signature	<i>Patrick J. Stanzione</i>	Date	February 10, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

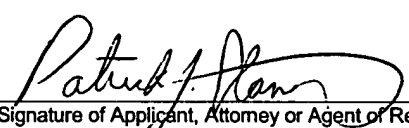


PTO/SB/56 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 104-R001		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee			
(A) 19	Total Claims (37 CFR 1.16(j))	(B) 46	**** 27 =	x \$ _____ =	0	or	x \$ 18 = 486	
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 12	• 9 =	x \$ _____ =	0		x \$ 86 = 774	
Basic Fee (37 CFR 1.16(h))					\$ _____		\$ 770	
Total Filing Fee					\$ 0	OR	\$ 2,030	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =	0	x \$ _____ =	0
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =	0	x \$ _____ =	0
Total Additional Fee					\$ 0	OR	\$ 0	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. <u>502827</u> in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>502827</u>.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>\$2,030.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>2/10/2004</u> Date</p> <p style="text-align: right;"> Signature of Applicant, Attorney or Agent of Record Patrick J. Stanzone Typed or printed name</p>								

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.